

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035401

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 187

Primary Registration District No. 5694

Registrar's No. 190

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ChillicotheLength of stay in 1b
2 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 6 mi. East Hiway 36Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Wyandotte

c. CITY
OR TOWN MuncieInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1100 So. 78th St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First CHARLES

Middle ALBERT

Last PHILLIPS

4. DATE
OF DEATHMonth Day Year
Sept 14, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
July 27, 19259. AGE (last birthday)
37IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Truck Driver10b. KIND OF BUSINESS OR INDUSTRY
Trucking11. BIRTHPLACE (City and state or country)
Livingston Co Mo.12. CITIZEN OF WHAT COUNTRY
U. S. A

13a. FATHER'S NAME

Albert B. Pilllips

13b. MOTHER'S MAIDEN NAME

Minnie G. McClain

14. NAME OF HUSBAND OR WIFE

Betty Ruth Pilllips

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)
W.W. # 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Betty Ruth Phillips, Muncie, Kan.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock

INTERVAL BETWEEN
ONSET AND DEATH

immed.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hemorrhage External + Internal

immed.

DUE TO (c)

Traumatic Concussion & brain Herniation

immed.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Truck accident

20c. TIME OF
INJURY
8:30
Hour Month, Day, Year
p.m. 9-14-6220d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Highway 3620f. CITY, TOWN, OR LOCATION
Chillicothe

COUNTY

Livingston Mo.

STATE

21. I attended the deceased from never to never and last saw him alive on never
Death occurred at 9-14-62 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.B. Webber D.O. Coroner

22b. ADDRESS

901 Jackson Chillicothe Mo.

22c. DATE SIGNED

9-17-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

Sept. 18, 62

23c. NAME OF CEMETERY OR CREMATORY

Wheeling

23d. LOCATION (City, town, or county)

Wheeling, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lindley Funeral Home, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Sep. 18, 1962

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5910595
28150

3

4 0

5 1

6

7 0

8 2

9 X

10

11 059

12 91-3

13 1-0

SEP 25 1962

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4822

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.